Attorney Docket No. 6002-1075

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: An Accounting System

the specification	n of which: <i>(chec</i> i	k one)		•
	i	REGULAR OR DESI	GN APPLICATION	•
is att	ached hereto.			
was f	iled on	as application	Serial No	
and v	vas amended on _		(if applicable).	· · · · · · · · · · · · · · · · · · ·
	PC ³	T FILED APPLICATION EN	ITERING NATIONAL STAGE	
and a	described and clains amended on	med in International applica	ation No.PCT/AU03/00818 filed on	
claims, as ame	nded by any amei	idment referred to above.	ontents of the above-identified spe	•
i acknowledge Regulations, §1	the duty to disclos .56.	se Information which is mate PRIORITN	erial to patentability as defined in Ti f CLAIM	tle 37, Code of Federal
	and botto oten	enefits under 35 USC 119 of identified below any foreign ation on which priority is clait PRIOR FOREIGN		ent or inventor's certifi- certificate having a fil-
		PRIOR POREIGIN		
Co	untry	Application Number	Date of Filing (day, month, year)	Priority Claimed
Australia		PS3222	27 June 2002	Yes
I hereby claim ton(s) listed be	low:	Title 35, United States Code	e §119(e) of any United States provi	
- •		_	<u>.</u>	
		a continuing application.)		
ject matter of a provided by th	each of the claims e first paragraph	of this application is not used to the of 35 USC 112, I acknowled to the of Endersh Regular	I States application(s) listed below a sclosed in the prior United States ap- ledge the duty to disclose Informati tions §1.56 which became available ifiling date of this application:	ion which is material to
Application No		Filing Date	Status (natented in	ending abandoned)

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POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from INTELLEPRO as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000466 to prose-Cute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoft CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

hereby declare that all statements made herein of my own knowledge are true and that all statements made on in-formation and belief are believed to be true; and further that these statements were made with the knowledge that will-

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formation and belief are pelieved to be true, and futurer triat mese statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ٤٥٥ز **Beter Noel Murray** Full name of sole or first inventor. Inventor's signature: -Residence: 106 King Street, Caboolture, Qld, Post Office Address: PO Box 698 , Caboolture, Qld, Aust, 4510 Full name of second joint inventor, if any: Inventor's signature: Citizenship: Residence: Post Office Address: Full name of third joint inventor, if any: Inventor's signature: Residence: Post Office Address: Full name of fourth joint inventor, if any: Inventor's signature: Citizenship: Residence:

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